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INDICATION FORM**

Application Number	10/574,862
Filing Date	April 6, 2006
First Named Inventor	Michael J. Puglia
Title	Monoclonal Antibodies for Detection
Art Unit	1644
Examiner Name	Sharon Wen
Attorney Docket Number	2003P56021WOUS (01791, 1149)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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28524

OR **AND**

☒ Practitioner(s) named below:

Name	Registration Number
Harold N. Wells	26,044

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	January 8, 2008
Name	Noam Pollack	Telephone	914 524 2722
Title and Company	Patent Counsel, Siemens Healthcare Diagnostics Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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